



WVAHPERD EXPENSE VOUCHER

Name: _____
 Office held: _____
 Date: _____

* Total Amount Approved: _____
Check Number: _____
Date: _____
* Subject to approval by Executive Board

Nature of expense:

EXPENSES DESCRIPTION

Qty / Amount	Description	Total
Total Amount Submitted:		

For automobile travel – Enter the miles driven in the qty / amount column, and list **MILEAGE** as the description. The mileage rate is **.41 / mile**. WVAHPERD DOES NOT pay for travel expenses to the state conference.

Please itemize all other expenses (airline tickets, postage, telephone, supplies, etc.) Receipts **MUST** accompany all submitted expenses.